

After School Learning and Safe Neighborhoods Partnerships Program - Cohort #**ATTENDANCE REPORT FORM - BASE GRANT ONLY**

Public Agency Name:	(<u>exactly</u> as shown on original application)	ID Number:	____ - ____ - ____ (required)
----------------------------	--	-------------------	----------------------------------

IMPORTANT! Check one box below and insert the year to indicate this reporting period:

<input type="checkbox"/> Six-Month Report (7/1/____ through 12/31/____) Due Date: January 31	<input type="checkbox"/> Annual Report (7/1/____ through 6/30/____) Due Date: July 31
---	--

Funding is based on the number of students participating in the ASLSNPP. Each grantee may receive up to \$5.00 per day per pupil, up to the grant award amount. (The grant award amount was based on your grant application and the maximum grants for the ASLSNPP as determined by formulas in Education Code Section 8483.7(b)). If a program participant receives state funds to operate an after school program in excess of the amount warranted due to the program serving fewer pupils than planned, due to raising an inadequate amount of matching funds, or for any other reason, the CDE shall reduce any subsequent allocations by an amount equal to that overpayment.

Instructions

- Columns A, B, C and D indicate the information that you provided to us in your original grant application.
- Do not include attendance count for Supplemental Grant days (i.e., Intersession, Summer or Vacation days).
- 1. In column G, enter the total number of days each After School Program site operated during this reporting period.
- 2. Add together the total number of students served during this reporting period of operation for each After School Program site. In column H, enter the total number of students for the full reporting period. Do NOT include the attendance count for supplemental grant days (i.e., Intersession, Summer or Vacation days). Do NOT use average daily attendance.

Note: List only schools which are approved by the California Department of Education. This blank form must be completely filled out before submitting to our office. If you have any questions, please call (916) 657-3558.

County Code:	____				
A	B	C	D	G	H
District Code	School Code	School Name	Program Type (i.e., Elementary, Middle)	Total # of days of program operation	Total # of students served

Prepared by:

Signature: _____ **Title:** _____ **Date** ____ / ____ / ____

Phone: _____ **Fax:** _____

RETURN TO: California Department of Education
Healthy Start and After School Partnerships Office
Attn: After School Learning and Safe Neighborhoods Partnerships Program
P.O. Box 944272
Sacramento, CA 94244-2720

(rev.9/01)